



ADOLESCENT AND
YOUNG ADULT
MEDICINE

Working With LGBTQ Homeless Youth

Diane Tanaka, MD
Medical Director, HRYP
Children's Hospital of Los Angeles

Disclosure Statement

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial products or services discussed in this CME activity.
- I do not intend to discuss unapproved/investigative use of commercial product(s)/device(s) in my presentation

Learning Objectives

- Recognize common terms that Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth may use to describe themselves
- Identify best practices for providing culturally appropriate services to homeless LGBTQ youth
- Identify health risks for the LGBTQ population
- Understand where your own cultural biases may affect your interaction with LGBTQ homeless adolescents

Activity: For the Following Slides

- Write down the gender of the person
- Write down the person's sexual orientation/identity











Why is Training for LGBTQ Youth-Competent Care Important?

- Adolescence is a time of rapid physical, emotional, and sexual change
- Sexual discovery and exploration occur
- Gender identity and sexual identity solidifies
- Youth and LGBTQ community are marginalized, may have increased health risks



Why Is Training for LGBTQ Youth-Competent Care Important?

- Providers may not have received training in adolescent-specific care
- Providing LGBTQ youth-competent care is a skill
- Providers rarely receive LGBTQ-specific training
 - A survey of US med school deans (2011) found a median of 5 preclinical and clinical hours
 - Inadequate training for mental health professionals (Canada)



Why is Training for LGBTQ Youth-Competent Care Important?

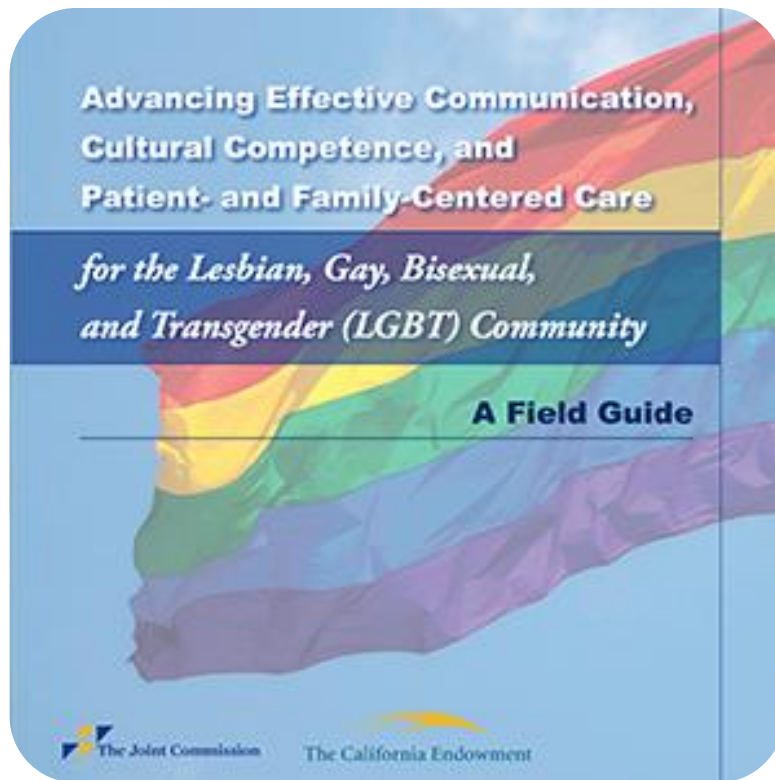
- LGBT population avoids health care due to fear of stigma and homophobia
 - Almost 8% of LGB and 27% of transgender and gender nonconforming reported being denied care because of their identity/orientation
 - 11% reported that providers refused to touch them or used excessive precautions
 - Transgender and gender-nonconforming respondents reported facing discrimination and barriers to care 2-3 times more frequently than LGB respondents
 - Lamda legal survey, 2009 (4,916 respondents)

Training for LGBT-Competent Care, How Are We Doing?

- LGBT training:
 - 16% of medical centers have comprehensive LGBT training
 - 32% have some training
 - 52% have no training
- No significant differences in medical centers' competence in LGBT health issues:
 - based on geographic region
 - whether the institution is public or private
 - if located in a state with an LGBT health center
 - Khalili, et al Finding the Perfect Doctor: Identifying LGBT-competent physicians Am Journal of Pub Health, 2015



Support for LGBT-Competent Care



- American Medical Association
 - Widespread integration of LGBT health content into medical curricula
- Healthy People 2020
 - Shortage of health care providers who are culturally competent in LGBT health
 - Affects equitable health care access

Terminology

GENDER:

- Female
- Male
- Androgynous
- Trans
- Gender Queer/ Gender Neutral

SEXUAL ORIENTATION:

- Bisexual
- Pansexual
- Queer
- Gay
- Lesbian

DATING :

- Girlfriend/Boyfriend
- Partner
- Hanging out
- Talking to
- Chillin'
- Getting to know someone
- Dating
- In a relationship
- Seeing

Preferred Gender Pronouns

Examples of Common Preferred Gender Pronouns

She/Her/Hers	Ze/Hir/Hirs	He/Him/His
She went to the grocery store. Do you know her? That soda is hers.	Ze went to the grocery store. Do you know hir? That soda is hirs.	He went to the grocery store. Do you know him? That soda is his.

Definitions

- LGBT=Lesbian, Gay, Bisexual, Transgender
- May identify as: lesbian, gay, queer, straight, or any other sexual orientation label



Defining LGBTQ Terms

- ❖ **Gay** = Enduring emotional, romantic, or sexual attraction to individuals of one's own gender
- ❖ **Bisexual** = Sexual or romantic attraction or behavior directed towards some members of more than one gender
- ❖ **Transgender** = An umbrella term used to describe the full continuum of individuals who do not conform to mainstream conceptualization of gender
- ❖ **Questioning** = In the process of exploring gender or sexual identity

Transgender Umbrella

- Bi-gendered
- Gender bender
- Two-spirit
- Stud
- Gender queer
- Cross-dresser
- Pre/post-operative
- Intersex
- Femme queen
- Femme boi or Femme boy

Definitions

- Other terms may be used
- Fear of disclosure
- May not want to be labeled



Gender Non Conforming

- A person who has, or is perceived as having, gender characteristics and/or behaviors that do not conform to society's expectations
- People who are gender non-conforming may or may not be transgender and can have any sexual orientation

Transgender Woman

- Generally refers to someone who was assigned the sex of male at birth but whose gender identity is female
- Some, but not all, transwomen make physical changes through hormones or surgeries.
- Some people will refer to themselves as women of transgender experience
- Some people prefer to be referred to as women rather than transwomen or transgender women

Transgender Man

- Generally refers to someone who was assigned the sex of female at birth but whose gender identity is male
- People will often use this term after taking some steps to express their gender identity as male, or after medically transitioning
- Some, but not all, transmen make physical changes through hormones or surgeries
- Some people prefer to be referred to as men rather than transmen or transgender men

Cisgender

- A term used to describe people whose gender identity matches the sex they were assigned at birth
- Cisgender is used to describe people who are not transgender.
- Using 'cisgender' instead of 'non-transgender' helps challenge the idea that cisgender people are the default "norm" and that being transgender is "abnormal"

Ally

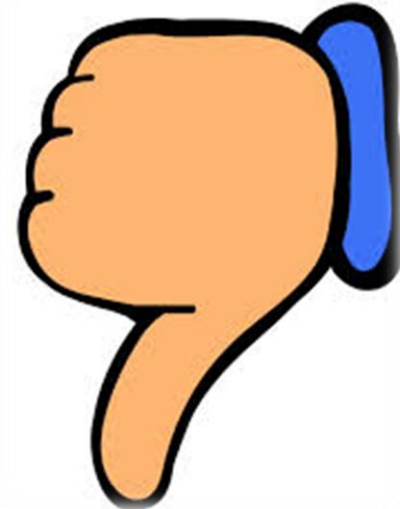
A person who has committed themselves to supporting another community by educating themselves, educating others, and supporting the leadership of that community to reduce individual and structural barriers

Gender Confirmation Surgeries

- Surgical procedures that change a person's body to bring it into alignment with their gender identity
- This may include “top surgery” (breast augmentation or removal) or “bottom surgery” (altering genitals)
- Contrary to popular belief, there is not one single surgery; in fact there are many different surgeries that may be used
- “Sex change surgery” is considered a derogatory term by many, and therefore should be avoided

Terms to Avoid

- Homosexual
- Sexual Preference
- Transgendered
- Transsexual
- Lifestyle
- Tranny
- FTM (Female to Male)
- MTF (Male to Female)
- Sex Change Surgery
- Choice



Why?

- Focus on sexual behavior rather than person
- Stigmatizing
- Focus on body parts rather than person
- Potential impact as slurs
- Reinforce male/female gender binary
- Delegitimizes people's unique identities & process
- Ignores growing research into gender identity/sexual orientation development

GenderBread Person



Sex assigned at birth

Gender identity

Sexual orientation

Gender expression

Determinants of Sexual Orientation

- Sexual orientation is not a “choice”
- Most likely determined by combination of influences:
 - Genetic, hormonal, environmental
- More important to focus on
 - Sexuality, relationships, intimacy is an expected part of development
 - How does patient feel about their sexuality?
 - How does family or community support this aspect of selfhood?

Social Determinants of Health



n. The conditions and circumstances into which people are born, grow, live, work, socialize, and form relationships and the systems that are in place to deal with health and wellness.

Layers of Determinants of Health

Adapted from Dahlgren G, Whitehead M.

SOCIO-ECONOMICS & ENVIRONMENT

LIVING & WORKING CONDITIONS

COMMUNITY NETWORKS

BIOLOGY & GENETICS



4

power, wealth, education, discrimination, gender equity, stigma



3

health care access, health care quality, housing conditions, job security, working conditions



2

social support from community networks

1

sex, gender, sexual orientation, race/ethnicity

Avoiding Assumptions

- Many male youth do not identify as gay, but have male partners
- Orientation or attraction does not always equal behavior
- 81% of females with same-sex attraction, also have sexual experiences with males



How Does Homelessness Impact the LGBT Community?

- 40% of homeless youth identify as LGBT
- In one study, LGBT youth were found to be 4-13 times more likely to be homeless than their heterosexual peers
- Have increased number of lifetime sexual partners
- May need to engage in survival sex
- At increased risk to acquire HIV/STIs

LGBT Youth and Homelessness

- Rejection by family leads to youth running away
- Forced out by family after disclosing, or involuntary “outing”, their gender or sexual identity
- Aging out, or running away, from the foster care system



LGBT Youth and Homelessness



- Mean age of becoming homeless is 14 years
- Disclosure of sexual or gender identity may occur after they become homeless
- Family may reject a youth for gender non-conforming behaviors before youth has disclosed

Issues Confronting Homeless LGBT Youth



- Mental health issues
- Substance use/abuse
- Violent victimization
- Risky sexual behaviors, including survival sex
- High rates of school drop out and academic difficulties

LGBT Youth and Homelessness

- Gay and lesbian youth are more likely to report a history of sexual abuse than bisexual youth
- Lesbian youth are more likely to have been physically abused by caretakers
- LGB youth are more likely to have been sexually abused by caretakers



LGB Homeless Youth and Substance Use



- LGB youth start their alcohol and drug use earlier than heterosexual youth
- Substance use usually starts **after** becoming homeless
- Coping strategy for stressors of homelessness

LGBT Homeless Youth: At Increased Risk

- More likely to have a current depressive episode
- Have made at least one suicide attempt
- More likely to engage in self harm and suicide attempts



LGBT Homeless Youth: At Increased Risk

- Lesbian adolescents more likely to meet criterion for alcohol and drug abuse
- LGBT youth more likely to use cocaine, crack, or meth
- 70% more likely to engage in survival sex
- Increased sexual risk behaviors in MSM
 - Experience oral and anal sex one year younger than housed MSM
 - 3.3 times the risk of HIV infection compared to non-runaways

Homeless Transgender Youth

- Most vulnerable of LGBT subpopulations
- Higher victimization rates in school
- Experience humiliation and physical/sexual victimization at shelters
- Have to stay in quarters & use bathrooms based on birth sex
- May not be welcome in shelters



Barriers to Health Care Utilization

- Youth don't feel safe to disclose their sexual or romantic attractions to their practitioner
- Perceived insensitivity among health care personnel
- Difficulty communicating with health care provider



Barriers to Health Care Utilization

- Assume telling provider they are LGBT is not relevant to their general health care needs
- Providers and patients are misinformed/unaware of health risks
- Heterosexual assumptions by provider
- Stereotyping of LGBT people by practitioner

Consequences of Barriers

- Medical conditions may be undiagnosed
- **More likely to forego needed medical treatment**
- Missed opportunities for patient education
- Weaker adherence to prescribed treatment protocols
- Lower patient retention

Hollywood Homeless GLBT Youth and Medical Care

- More likely to have needed, and **not received**:
 - medical care for a chronic illness (12% vs 6%)
 - medical care for an acute illness (10% vs 4%)
 - dental care (34% vs 17%)
 - necessary medications (20% vs 9%)
 - HIV treatment (7% vs 1%)
 - condoms (12% vs 3%)

Hollywood Homeless GLBT Youth and Medical Care

- Were more likely to have needed, and **not received**:
 - help in obtaining contraception (12% vs 3%)
 - getting an STI test (10% vs 3%)
 - getting treatment for an STI (7% vs 2%)
 - obtaining EC's (5% vs 1%)

Nationally Recommended Best Practices for Serving LGBT Homeless Youth

- Treat youth respectfully and ensure their safety
- Appropriately address LGBT identity during the intake process
- Support their access to education, medical care, and mental health care
- Support transgender and gender-nonconforming youth
- Inform LGBT youth about local LGBT programs and services
- Create a safe and inclusive environment

2009 National Recommended Best Practices for Serving LGBT Homeless Youth

Nationally Recommended Best Practices for Serving LGBT Homeless Youth

- Adopt and implement written non discrimination policies
- Adopt confidentiality policies
- Provide LGBT competency training to all agency employees and volunteers
- Establish sound recruitment and hiring policies regarding LGBT competency
- Develop agency connections to LGBT organizations and the LGBT community
- Collect and evaluate data on the numbers of LGBT youth accessing services to educate key decision makers and guide programmatic expansion

– 2009 National Recommended Best Practices for Serving LGBT Homeless Youth

What LGBTQ Youth Want From Their Providers

- **CONFIDENTIALITY**
- Cleanliness of the clinic and provider
- Respect
- Honesty
- Non-judgemental
- Diversity of staff
- Understanding of LGBTQ issues
- Don't assume heterosexual
- **Don't equate homosexual behaviors with HIV/AIDS**

Ginsburg, et al, 2002



Assessment of Homeless LGBT Youth

- Include questions about sexual behavior, sexual orientation, and gender identity
- Screen for depression, anxiety, and PTSD
- Screen for substance use disorders
- Screen for suicidal ideation and suicide attempts
- Screen for violent victimization
- Screen for HIV risk behaviors and pregnancy risks

Avoid Assumptions



- Don't assume:
 - Patients are heterosexual
 - Bisexuality is a phase
 - Sexual orientation based on gender of partner
 - Sexual orientation or gender identity based on appearance
 - Sexual orientation or gender identity is the same as last visit
 - LGBTQ patients are engaging in risky behavior
 - LGBTQ patients have unsupportive families

Confronting Personal Biases

Understand personal biases

Provider discomfort can be
damaging

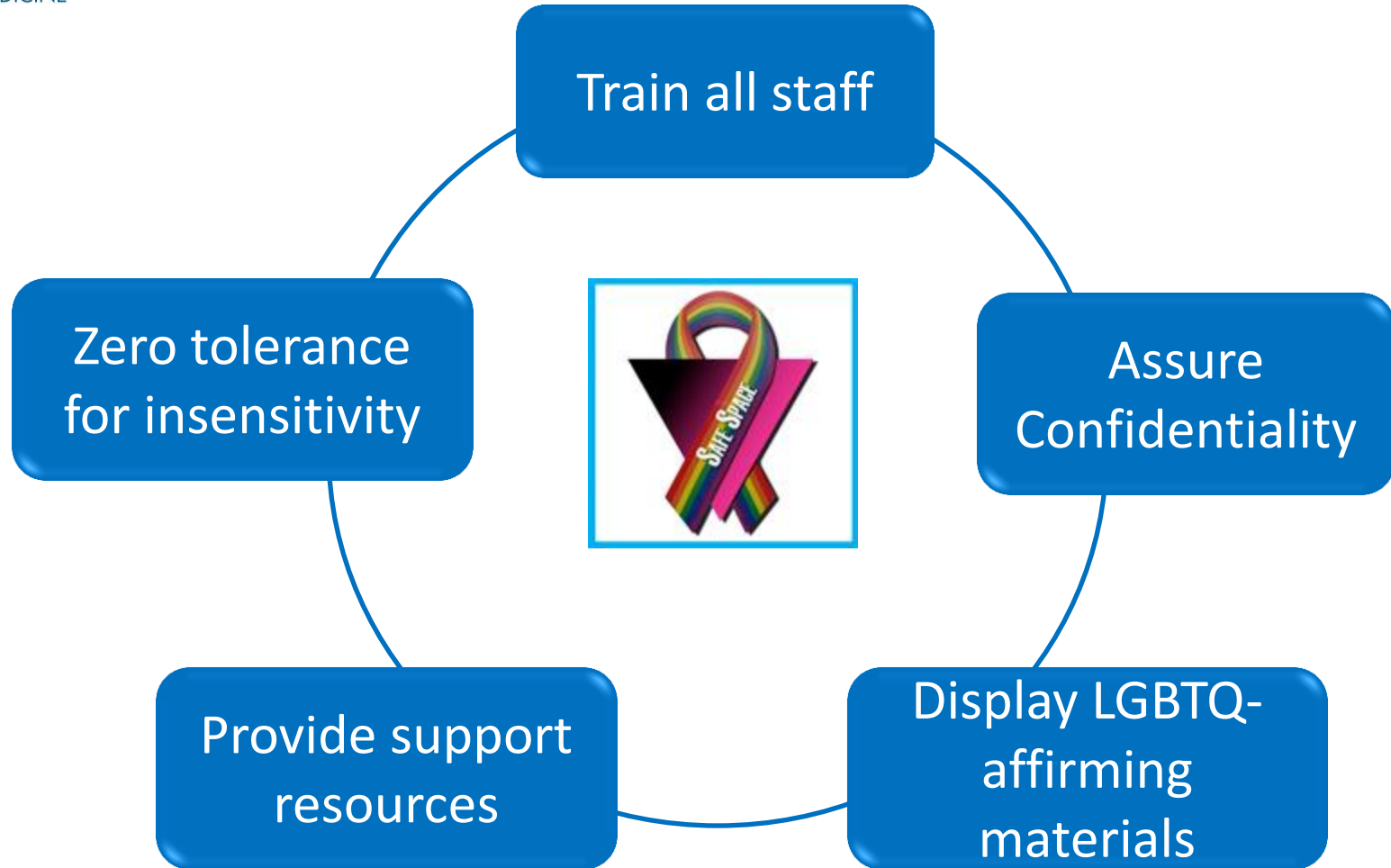
It is an ethical obligation to refer
patient for appropriate care

Culturally Appropriate Best Practices for LGBTQ Youth

- **Before seeing a patient, honestly reflect on your own biases and misconceptions**
- Acknowledge and park judgment
- If you feel you cannot provide non-judgmental, compassionate care for LGBTQ patients, then respectfully refer patients to someone who can
- Challenge yourself to confront your biases and explore feelings behind them
- As a provider, it is your responsibility to care for **ALL** patients



Creating a Safe Space





ADOLESCENT AND
YOUNG ADULT
MEDICINE

Our health care providers value all patients who need our services



Proudly serving youth of every race,
sexual orientation, class, physical ability,
religion, gender identity, physical appearance,
and education level



DIVISION OF
ADOLESCENT MEDICINE



HEALTH • PARTICIPATION • RESOURCES

Cases



Who is this Young Person?



Who is This Young Person?



Who is This Young Person?



Who is This Young Person?



Summary Statement

“I don’t think you need to identify as part of a marginalized community in order to be helpful to that community, but you sure have to have done your work...You need to unpack your own biases and do a lot of work on self-reflection and evaluation and education that never stops” (Tamara, psychologist)

Rutherford, et al Development of Expertise in Mental Health Service provision for lesbian, gay, bisexual, and transgender communities Medical Education, 2012



References

- Coker, TR et al The Health and Health Care of Lesbian, Gay, and Bisexual Adolescents Am Rev Public Health 2010; 31:457-477
- Ginsburg, K et al How To Reach Sexual Minority Youth in the Health Care Setting: The Teens Offer Guidance JAH 2002 (31): 407-416
- Keuroghlian, AS et al Out on the Street: A Public Health Policy Agenda for Lesbian, Gay, Bisexual, and Transgender Youth Who Are Homeless Am J Orthopsychiatry 2014; 84(1):66-72
- Khalili, J et al Finding the Perfect Doctor: Identifying Lesbian, Gay, Bisexual, and Transgender-Competent Physicians Am Journal of Public Health online publication
- Rutherford, K et al Development of Expertise in Mental Health Service Provision for Lesbian, Gay, Bisexual, and Transgender Communities Medical Education 2012;46: 903-913